STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077 1. TITLE OF NEWSPAPER
South Shove Gazette
3. FREQUENCY OF ISSUE 3A. NO. 2. DATE Oct. 30, 2009 3B. ANNUAL SUBSCRIPTION 3A. NO. OF ISSUES PUBLISHED ANNUALLY Weekly 52 PRICE \$ 18 instate 20 out of 5 tate 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 106 NMain Box 96 South Shore, 5D57263 R: Glem Elmore & Corrine Elmore 6. FULL NAME OF PUBLISHER: 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. **COMPLETE MAILING ADDRESS FULL NAME** Clenn Elmore & Corrine Elmore Box 625 South Shore 5D 57263 KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. **AVERAGE NO. COPIES ACTUAL NO. COPIES EACH ISSUED** 9. EXTENT AND NATURE OF CIRCULATION **ISSUED PRECEDING 12 NEAREST TO FILING DATE MONTHS** 50 A. TOTAL NO. COPIES (Net Press Run) **B.PAID AND/OR REQUESTED CIRCULATION** 1. Sales through dealers and carriers, street vendors and counter sales. 2. Mail Subscription Pd (Paid and or requested) C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) 322 F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing 2. Return from News Agents G. TOTAL (Sum of E, F1 and F2 - Should equal net press run 450 450 shown in A) Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete: (Title) Sworn to before me this 3 day of November 20 0 9 State of South Dakota 5D County of Grant **Notary Public** My commission expires: 9.17.2010LINDA M. HENRICHS (Seal)

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